

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-047376

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 161

FILED JAN 6 1966

1. PLACE OF DEATH

a. COUNTY

COOPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BOONVILLE

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

COOPER

c. CITY
OR TOWN BOONVILLE

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1205 REAR MAIN

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1205 REAR MAIN

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

HENRY

Middle

PREZELL

Last

HURT

4. DATE
OF DEATH

Month

Day

Year

DEC

29

1965

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

SEPT 9 1930

9. AGE (last birthday)

35

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

BOONVILLE, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY HURT

13b. MOTHER'S MAIDEN NAME

FLORENCE NELSON

14. NAME OF HUSBAND OR WIFE

MRS LEOLA HURT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs LEOLA HURT

1205 REAR MAIN

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

inst.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Unattended, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title)

Line Hammett, Coroner

22b. ADDRESS

Boonville, Mo.

22c. DATE SIGNED

12-31-65

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

JAN 1 1966

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

BOONVILLE

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

H. MAY Boonville, MO

25. DATE RECD. BY LOCAL REG.

1-1-66

26. REGISTRAR'S SIGNATURE

Booper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300
Rev. 4/59

10275

20275

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97824

10

11

1290-3

13 1-2

FEB 23 1966

2750
2100
1
0
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter T May

Licensed Embalmer No. 5221

P. O. Address Barnville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.